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October 10, 2017

The Honorable Greg Walden
Chairman
House Energy and Commerce Committee
2235 Rayburn House Office Building
Washington, DC 20515

Chairman Walden:

In preparation for the Energy and Commerce Committee's full committee meeting in October, I wanted to share the attached recommendations on ways Congress can address the opioid and heroin epidemic plaguing so many of our communities. These ideas have come out of dozens of meetings with stakeholders including community leaders, school administrators, health care professionals and law enforcement officials across West Virginia.

Three main proposals that should be highlighted for the committee are:

- Creating a real-time, national prescription drug program
- Modifying HIPPA to allow health care professionals to report patients who have suffered an overdose
- Removing the Medicaid IMD exclusion

A real-time, national prescription drug monitoring program would allow local law enforcement officers to track the location of overdoses in their communities. This will help them in identifying particularly potent strains of drugs while also helping physicians to track the use of opioids by their patients.

A second recommendation would be to modify the Health Insurance Portability and Accountability Act (HIPAA) of 1996 to allow for reporting by health care professionals. Similar to proposals such as H.R. 1554, Jessie's Law, this recommendation would allow a medical professional to report a patient's overdose to allow for future treatment options.

Additionally, the Medicaid Institution for Mental Diseases (IMD) exclusion is preventing additional treatment facilities from opening across the country. A recurring theme that has been uttered by providers is the shortage of qualified treatment facilities for individuals who are addicted but wish to begin the recovery process. Removing this outdated restriction would allow states to work with treatment centers in ensuring that those who wish to seek recovery services are able to do so.

The attached list includes a number of good ideas in the areas of education, prevention, enforcement and treatment. Should you have any questions or require additional information, please contact my office at 202-225-4172.

Sincerely,



David B. McKinley, P.E.
Member of Congress

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Policy Recommendations by Rep. David B. McKinley, P.E.

1. Education

- Create a real-time National Prescription Drug Monitoring Program. The database should provide the location of where overdose drugs (ex. naloxone) are administered. Allow for non-compliance in reporting requirements to impact reimbursements
- Develop a national Narcan database. Modeled off the Washington-Baltimore High Intensity Drug Trafficking Area (HIDTA). Perhaps as a requirement of receiving HIDTA funding.
- Institute a mandatory requirement for the existing prescriber workforce to undergo training on safe opioid prescribing and substance abuse disorders. Allow a qualifying physician, after one year, to request approval to treat an unlimited number of patients under specified conditions, including that he or she:
 - Agrees to fully participate in the Prescription Drug Monitoring Program of the state in which the practitioner is licensed
 - Practices in a qualified practice setting
 - Has completed at least 24 hours of training regarding treatment and management of opiate-dependent patients for substance use disorders provided by specified organizations.
- Creation of standardized treatment protocols and use of Medically Assisted Therapies and counseling
- Increase data collection, especially in rural communities.
 - Data drives decisions, an example of this is Huntington, West Virginia which has made great strides in searching for data
 - Each community is different and the ability to assist communities in gathering data would allow them and the federal government to make more informed decisions
- Require the Department of Veterans Affairs (VA) to use surveillance data base for narcotics

2. Prevention

- Increase the number of Substance Abuse Counselors in schools
 - Pleasants County, West Virginia has had a school-based mental health specialist for middle schools in place since 2004. They believe this is a crucial component to their success and have volunteered to serve as a model for other school districts
- Add a “drug” curriculum in schools

- Create multi-tiered drug education programs (ex. age-based)
- Slow or stop the legalization of marijuana. It creates mixed messages for young people as more communities legalize marijuana

3. Diagnosis

- Modify HIPPA regulations to allow hospitals/physicians to report patients who show signs of drug abuse or have experienced an overdose
- Create a HIPPA exception or require mandatory reporting for anyone who is fraudulently obtaining prescription medicine

4. Controlled Substance Act Changes

- Change the Uniform Control Substance Act's designation of Narcan from a drug that requires a prescription to one that can be purchased "over the counter" like in 14 other states.
- Reschedule more pharmaceuticals into the class referred to schedule II as defined in the Controlled Substances Act

5. Enforcement

- Continue funding the HIDTA program
- Increase funds to assist with Drug Court, Education and Law Enforcement-
- Increase the ability of local law enforcement to screen mail for drugs that come in from overseas. The drugs are changing so quickly that police dogs are unable to be trained to smell the drugs fast enough
- Work with local law enforcement to stop child trafficking in instances where children are trafficked in exchange for illegal drugs or opioids for their caregiver
- Reform criminal sentencing requirements upon the successful completion of a drug court participant
- Increase sentencing for drug dealers

6. Treatment

- Remove or change the Medicaid Institution for Mental Diseases (IMD) exclusion which is preventing more treatment facilities from opening

- Allow states to utilize section 1115 waivers to provide services not typically covered by Medicaid or allow states to individualize their Medicaid programming/ services
- Increase drug treatment centers. Limit of drug treatment paid by private providers
- Create outpatient model for treatment plans. Focus on long-term care/rehabilitation
- Allow an addiction recovery specialist to follow-up with the individual who has overdosed to engage his/her interest in going to a rehabilitation center for treatment
- Create incentives for more individuals to pursue careers as additional mental health and behavioral specialists. Allow for additional incentives for those that practice in areas of particular need
- Increase federal funding for drug courts. Allow a criminal record to be expunged after successful completion of a drug court program
- Create a Good Samaritan Law for Naloxone users
- Increase partnerships with faith based treatment (ex. AA)
- Focus on harm reduction treatments (ex. needle exchanges)
- Tax on the sale of legal drugs prescriptions and designate that funding for rehabilitation centers